

<i>SERFF Tracking Number:</i>	<i>AGNN-127337543</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Western National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49395</i>
<i>Company Tracking Number:</i>	<i>111-3X</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>111-3X</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Western National Life Insurance Company

Product Name: 111-3X

SERFF Tr Num: AGNN-127337543 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved- Closed  
State Tr Num: 49395

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: 111-3X

State Status: Approved-Closed

Filing Type: Form

Author: Angie Fox

Reviewer(s): Linda Bird

Date Submitted: 07/25/2011

Disposition Date: 08/03/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/03/2011

State Status Changed: 08/03/2011

Deemer Date:

Created By: Angie Fox

Submitted By: Angie Fox

Corresponding Filing Tracking Number:

Filing Description:

This form is being submitted for your review and approval. The form is new and does not replace any form previously approved by your Department. The filing includes no assumption or provisions that unfairly discriminate in availability, rates, benefits, or any other way for prospective insureds of the same class, equal expectation of life, and degree of risk. This filing does not contain any unusual or controversial items. To the best of our knowledge, information and belief, the forms submitted herewith are in compliance with the provisions of the insurance laws, rules, regulations and bulletins of your state, and such form contains no provisions previously disapproved by your Department.

Form 111-3X is a deferred annuity application used with policy form A146-04 (Index) and A147-04 (Index) approved by your Department on 11/30/04.

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## Company and Contact

### Filing Contact Information

Angie Fox,	angie.fox@aigretirement.com
2919 Allen Parkway, L10-30	713-831-6050 [Phone]
Houston, TX 77019	713-831-6932 [FAX]

### Filing Company Information

Western National Life Insurance Company	CoCode: 70432	State of Domicile: Texas
2929 Allen Parkway, L10-30	Group Code: 12	Company Type:
Houston, TX 77019	Group Name:	State ID Number:
(713) 831-6006 ext. [Phone]	FEIN Number: 75-0770838	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	the fee required to make this submission in our domicile state of Texas is \$100, therefore, \$100 is attached here.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western National Life Insurance Company	\$100.00	07/25/2011	50067672

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/03/2011	08/03/2011

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	<i>Variable</i>		
<i>Product Name:</i>	<i>111-3X</i>		
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## Disposition

Disposition Date: 08/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Product Name:</i>	<i>111-3X</i>		
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	sov		Yes
<b>Form</b>	deferred annuity application		Yes

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## Form Schedule

Lead Form Number: 111-3X

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	111-3X	Application/deferred annuity Enrollment application Form	Initial		50.000	111-3X_JDoe.pdf

## Deferred Annuity Application

205 East 10<sup>th</sup> Avenue  
Amarillo, Texas 79101  
Telephone 800.424.4990

[ 0 5 Year Surrender    0 7 Year Surrender ]

**OWNER (All Policyholder correspondence will be sent to this address.)**

Name:	<u>John Doe</u>	Sex:	<u>M</u>	Age:	<u>35</u>	DOB:	<u>07/25/1972</u>
Address:	<u>123 Main Street</u>	Marital Status:	<u>Married</u>	SSN:	<u>999-99-9999</u>		
	<u>Anywhere, USA XXXXX</u>	Daytime Phone:	<u>713.555.1234</u>				

**JOINT OWNER (Optional. Non-Qualified Annuities only.)**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ SSN: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**ANNUITANT (if different from the Owner.)** Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Relationship to Owner: \_\_\_\_\_

**OWNER'S BENEFICIARY DESIGNATION** – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

☐ If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

**Primary Beneficiary:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contingent Beneficiary:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INTEREST RATE** (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for a full year without any withdrawals.) The guaranteed minimum interest rate for the life of your policy is [ 2.00 ] %.

☒ [1 year. The Interest Rate on the Initial Premium is [ 4.10 ] % for 1 year. This rate includes a [     ] % enhancement payable for 1 year.]

☐ [3 year. The Interest Rate on the Initial Premium is [\_\_\_\_]% for 3 years. This rate includes a [\_\_\_\_] % enhancement payable for 3 years.]

☐ [5/7 year. The Interest Rate on the Initial Premium is [\_\_\_\_]% for [\_\_\_\_] % years.]

## PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 2/1/2011  
Initial Premium Payment: \$ 10,000 Annuity Income Date: 2/1/2041

PLAN TYPE (required): ☒ Non-Qualified ☐ Qualified

Tax-Qualified Plans: ☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 401 Corporate Plan ☐ Other:\_\_\_\_\_

Check one: ☐ Initial Contribution for Tax Year \_\_\_\_\_ ☐ Transfer ☐ Rollover ☐ Roth IRA Conversion Year \_\_\_\_\_

**SIGNATURES** Checks must be made payable to **Western National Life Insurance Company.**

**[Do you have any existing life insurance policies or annuity contracts?**      ☐ Yes      ☒ No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? ☐ Yes ☒ No (If yes, complete the following.) Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Are you an active duty service member of the United States Armed Forces? ☐ Yes ☒ No]

I understand this annuity is not federally insured. I have read and understand the important disclosures located on the reverse of this application. I represent that all statements and answers in this application are complete and true, on my behalf and any person who may claim any interest under this policy. Information provided by the applicant are representations and not warranties.

X John Doe X \_\_\_\_\_  
 Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): Anywhere, USA XXXXX on (date): 8/1/2007

## REPRESENTATIVE INFORMATION

☐ To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☒ No

Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? ☐ Yes ☒ No

As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? ☒ Yes ☐ No  
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X	<u>Bill Agent</u>	<u>ABC Insurance Agency #12345</u>
	Licensed Agent's Signature	Agency Name and Number
	Bill Agent	State Lic.#: <u>45678</u> Agent#: <u>24-7</u>
	Licensed Agent (Print name)	

## DISCLOSURES

**[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS:** Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

**For Louisiana Optional Retirement Program Participants Only:** For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

**For Texas Optional Retirement Program Participants Only:**

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

**California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

## FRAUD WARNING

**[In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

**Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**District of Columbia, Louisiana, and Rhode Island Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Maryland and Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]



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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification		
<b>Comments:</b>			
<b>Attachment:</b>			
flesch-111-3X.pdf			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	SOV		
<b>Comments:</b>			
<b>Attachment:</b>			
SOV_111-3X.pdf			

## CERTIFICATION

WESTERN NATIONAL LIFE INSURANCE COMPANY, NAIC # 70432, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the forms achieved the following score:

<b><u>Form Number</u></b>	<b><u>Form Description</u></b>	<b><u>Flesch Score</u></b>
111-3X	Deferred Annuity Application	50



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Tracey Harris  
Vice President

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July 25, 2011  
Date

**Statement of Variability for Form 111-3X**  
**Western National Life Insurance Company**  
**July 25, 2011**

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

1. Contact Information: The location and telephone number are bracketed for administrative purposes.
2. Terms, Current GMIR and Interest Rate Enhancement: To allow for flexibility in offering different interest rate terms, depending on economic and market conditions.
  - 2a. The terms may range between 1 and 10 years. Additionally, we have included blanks for the current crediting rate to be completed. Those rates will range between 1.0% and 10.0%.
  - 2b. The current GMIR is 1.0% and may range between 1.00% and 3.50%.
  - 2c. The interest rate enhancement is included in the first year rate. The current interest rate enhancement rate is 1.00% and may range between .05% - 5.0%. Any changes to interest rate terms, the current crediting rate, the GMIR and the interest rate enhancement will be applicable to new issues only.
4. Qualified Information: To allow for flexibility in the information collected and Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
5. Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
6. Disclosures and Fraud Warnings: The disclosures and fraud warnings so that text may be modified to comply with changes in state law.



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Tracey Harris - Vice President

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July 25, 2011

Date